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PATENT APPLICATION
DOCKET NO.: KIR92-01A4

AF/Glu 1644 \$

NOTICE OF APPEAL FROM THE PRIMARY EXAMINER
TO THE BOARD OF APPEALS

Applicants: Marc Feldmann and Ravinder N. Maini

Serial No.: 08/690,775

Group Art Unit: 1644

Filed: August 1, 1996

Examiner: P. Gambel

For: ANTI-TNF ANTIBODIES AND METHOTREXATE IN THE TREATMENT OF
AUTOIMMUNE DISEASE

#16 Pat. of Time (3m)
3/02/99 03/09/99

CERTIFICATE OF MAILING	
I hereby certify that this correspondence is being deposited with the United States Postal Service with sufficient postage as First Class Mail in an envelope addressed to Assistant Commissioner for Patents, Washington, D.C. 20231	
on <u>3/1/99</u>	<u>Dawn M. Myers</u>
Date	Signature
<u>Dawn M. Myers</u>	
Typed or printed name of person signing certificate	

Assistant Commissioner for Patents
Box AF
Washington, D.C. 20231

Sir:

Applicant hereby appeals to the Board of Appeals from the decision dated September 1, 1998 of the Primary Examiner finally rejecting claims 1, 5-10, 13-18 and 21-31. The item(s) checked below are appropriate:

1. ☒ Applicant hereby petitions to extend the time for filing a Notice of Appeal in response to the Office Action Made Final dated September 1, 1998 for three months from December 1, 1998 to March 1, 1999.
- ☐ A ☐ month extension of time to respond to the Office Action Made Final dated ☐ was filed on ☐ with payment of a \$☐ fee.
- ☐ Applicant hereby petitions for an additional ☐ month extension of time to respond to the Office Action Made Final.
- ☐ An Oral Hearing before the Board of Appeals is respectfully requested.

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GROUP 180

4. Fees are submitted for the following:

<input checked="" type="checkbox"/>	Extension of Time for three months		\$ 870
<input type="checkbox"/>	Additional Extension of Time:		
	Fee for Extension	(<input type="checkbox"/> mo.)	\$ _____
	Less fee paid	(<input type="checkbox"/> mo.)	- \$ _____
	Balance of fee due		\$ 0
<input type="checkbox"/>	Oral Hearing		\$ _____
<input checked="" type="checkbox"/>	Notice of Appeal		\$ 300
<input type="checkbox"/>	Other		\$ _____
		TOTAL	\$ 1170

5. The method of payment for the total fees is as follows:

- ☒ A check in the amount of \$1170.00 is enclosed.
- ☐ Please charge Deposit Account No. 08-0380 in the amount of \$[

Please charge Deposit Account No. 08-0380 for any additional amounts that may be due in this matter. A copy of this document is enclosed for accounting purposes.

Respectfully submitted,

HAMILTON, BROOK, SMITH, REYNOLDS, P.C.

By Helen Lee
Helen Lee
Registration No.: 39,270
Tel.: (781) 861-6240
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Lexington, Massachusetts 02421-4799

Date: March 1, 1999

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